I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box

1450, Alexandria, VA 22313-1450.

October 29, 2004 Date Mailed

Adrian Villarreal Name

Examiner:

Art Unit:

Allyson N. Trail

2876

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Zosel et al.

Serial No.:

10/052,677

Filed:

January 18, 2002

For:

CAMERA POSITIONING AND

CONFIRMATION FEEDBACK

SYSTEM

Docket No.: 5557.P006

P.O. Box 1450

Mail Stop AF Commissioner for Patents

Alexandria, VA 22313-1450

AMENDMENT B AFTER FINAL REJECTION (37 C.F.R. § 1.116)

Sir:

This amendment is submitted in response to the Office Action mailed July 29, 2004, for the above-noted patent application.

Applicants respectfully request that the Examiner do the following with this amendment:

- 1. Please enter the amendments to the specification, if any, in section I.
- 2. Please enter the amendments to the claims, if any, in section II.
- 3. Please consider the specification amendments in section I and the claims in section II in view of the remarks in section III.



## BOX AF

IFW AF 1800

| Con.                                                     | THE LAY                                                                                                                                                                                                                                                                                   |                                     |                                       |               |       | 50               | XAF           |       |                     |          |                |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|---------------|-------|------------------|---------------|-------|---------------------|----------|----------------|
| Aftorne                                                  | BEOCKET No.:                                                                                                                                                                                                                                                                              | <u>555</u>                          | 7.P006                                | _             |       |                  |               |       |                     |          | <u>Patent</u>  |
| In re the                                                | Application of                                                                                                                                                                                                                                                                            | Zos                                 |                                       |               |       |                  |               |       | ENT UN              |          | 3              |
| Application                                              | on No.:10/                                                                                                                                                                                                                                                                                | 052,677                             |                                       | ventor(s))    |       |                  |               |       | R. § 1.11<br>ED PRO |          | URE            |
| • •                                                      | <br>January 18, 2                                                                                                                                                                                                                                                                         |                                     |                                       |               |       |                  | EXAM          | IINII | NG GRO              | UP       | 2800           |
| For: CAMERA POSITIONING AND CONFIRMATION FEEDBACK SYSTEM |                                                                                                                                                                                                                                                                                           |                                     |                                       |               |       |                  |               |       |                     |          |                |
| . 01                                                     | CAMBINATION IN CONTINUATION LEGISTER                                                                                                                                                                                                                                                      |                                     |                                       |               |       |                  |               |       |                     |          |                |
| -                                                        |                                                                                                                                                                                                                                                                                           | <del></del>                         |                                       | (title        | e)    |                  |               |       |                     |          |                |
| P.O. Box                                                 | SSIONER FOR                                                                                                                                                                                                                                                                               |                                     |                                       |               |       |                  |               |       |                     |          |                |
| XX                                                       | nsmitted here Applicant cla No additiona A Notice of a                                                                                                                                                                                                                                    | aims sm<br>al fee is i<br>Appeal is | all entity staturequired. s enclosed. | us. See 37 (  |       |                  | or the above- | refe  | renced a            | applio   | cation.        |
|                                                          | (Cal. 1)                                                                                                                                                                                                                                                                                  |                                     | (Col. 2)                              | (Col. 3)      |       | CMAI             | L ENTITY      |       | OTHE                |          | A NAH<br>YTITN |
|                                                          | (Col. 1) Claims Remaining                                                                                                                                                                                                                                                                 |                                     | Highest No.                           |               | ] [   | SIVIAL           | Additional    |       | SIVIAL              |          | ditional       |
| -                                                        | After Amd.                                                                                                                                                                                                                                                                                |                                     | Paid For                              | Extra         |       | Rate             | Fee           |       | Rate                |          | Fee            |
| otal<br>Iaims                                            | * 29                                                                                                                                                                                                                                                                                      | Minus                               | ** 29                                 | 0             |       | Х9               | \$            |       | X18                 | \$       | 0              |
| ndep.<br>Jaims                                           | * 5                                                                                                                                                                                                                                                                                       | Minus                               | *** 5                                 | 0             |       | X44              | \$            |       | X88                 | \$       | 0              |
| dinis                                                    | First Prese                                                                                                                                                                                                                                                                               | ntation                             | of Multiple                           |               | 1     | 1450             | •             |       | 1200                | \$       |                |
|                                                          | Dependent                                                                                                                                                                                                                                                                                 | Claim(                              | s)                                    |               |       | +150             | \$            |       | +300                | <b>3</b> |                |
| * If th                                                  | ne entry in Col.<br>te "0" in Col. 3.                                                                                                                                                                                                                                                     | 1 is less                           | than the entry                        | In Col. 2,    | Αc    | Total<br>ld. Fee | \$            | Δ     | Total dd. Fee       | \$       | 0              |
| ** If th                                                 | ne "Highest No                                                                                                                                                                                                                                                                            |                                     |                                       |               | ,     | iu. i cc         |               |       | uu. 1 00            |          |                |
|                                                          | SPACE is less than 20, write "20" in this space.                                                                                                                                                                                                                                          |                                     |                                       |               |       |                  |               |       |                     |          |                |
| The<br>from                                              | If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. |                                     |                                       |               |       |                  |               |       |                     |          |                |
|                                                          |                                                                                                                                                                                                                                                                                           |                                     |                                       |               | V 515 | OT 0: 40         | O BAAU (15    |       |                     |          |                |
|                                                          |                                                                                                                                                                                                                                                                                           |                                     | CERTIFICATE C                         |               |       |                  |               |       |                     |          |                |
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| n                                                        | Octob                                                                                                                                                                                                                                                                                     | er 29, 20                           | 04                                    | ·             |       |                  |               |       |                     |          |                |
|                                                          |                                                                                                                                                                                                                                                                                           | of Depos                            |                                       |               |       |                  |               |       |                     |          |                |
|                                                          |                                                                                                                                                                                                                                                                                           |                                     | Adrian Vil                            |               |       |                  |               |       |                     |          |                |
| T                                                        | \                                                                                                                                                                                                                                                                                         | Name                                | of Person Mai                         | ling Correspo | onder | ice              |               |       |                     |          |                |
|                                                          | 11 <                                                                                                                                                                                                                                                                                      |                                     |                                       |               | (     | cto              | rer 29,       | 7     | 700                 |          |                |
| ,                                                        | V Sig                                                                                                                                                                                                                                                                                     | nature                              | -                                     |               |       |                  | Date /        |       | '                   |          |                |

|       |                                                                                  | is attached for presentation of additional claim(s).                                 |  |  |  |  |  |  |  |  |  |  |
|-------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
|       |                                                                                  | Extension of Time of month(s) pursuant to                                            |  |  |  |  |  |  |  |  |  |  |
|       | 37 C.F.R. § 1.136(a).                                                            |                                                                                      |  |  |  |  |  |  |  |  |  |  |
|       | A check for \$ is attach                                                         | ed for processing fees under 37 C.F.R. § 1.17.                                       |  |  |  |  |  |  |  |  |  |  |
|       | Please charge my Deposit Account N                                               | Please charge my Deposit Account No. <u>02-2666</u> the amount of \$                 |  |  |  |  |  |  |  |  |  |  |
|       | A duplicate copy of this sheet is er                                             | A duplicate copy of this sheet is enclosed.                                          |  |  |  |  |  |  |  |  |  |  |
| X     | The Under Secretary of Commerce for                                              | or Intellectual Property and Director of the United States                           |  |  |  |  |  |  |  |  |  |  |
|       | Patent and Trademark Office is hereb                                             | nt and Trademark Office is hereby authorized to charge payment of the following fees |  |  |  |  |  |  |  |  |  |  |
|       | associated with this communication o                                             | r credit any overpayment to Deposit Account No. 02-2666                              |  |  |  |  |  |  |  |  |  |  |
|       | (a duplicate copy of this sheet is enclosed):                                    |                                                                                      |  |  |  |  |  |  |  |  |  |  |
|       | X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of |                                                                                      |  |  |  |  |  |  |  |  |  |  |
|       | extra claims.                                                                    |                                                                                      |  |  |  |  |  |  |  |  |  |  |
|       | X Any extension or petition fees under 37 C.F.R. § 1.17.                         |                                                                                      |  |  |  |  |  |  |  |  |  |  |
|       |                                                                                  |                                                                                      |  |  |  |  |  |  |  |  |  |  |
|       |                                                                                  | BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP                                                 |  |  |  |  |  |  |  |  |  |  |
|       | ·                                                                                |                                                                                      |  |  |  |  |  |  |  |  |  |  |
| Date: | : 10-29-04                                                                       | Todd My Laplas                                                                       |  |  |  |  |  |  |  |  |  |  |
| Date. |                                                                                  | Todd M. Becker                                                                       |  |  |  |  |  |  |  |  |  |  |
|       |                                                                                  | Reg. No. 43,487                                                                      |  |  |  |  |  |  |  |  |  |  |
|       |                                                                                  | 1.09. 110. 10, 101                                                                   |  |  |  |  |  |  |  |  |  |  |

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